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TRANSMITTAL FORM (To be used for all correspondence after initial filing)	Application Number	09/538,562
	Filing Date	March 28, 2000
	First Named Inventor	Gordon
	Art Unit	2811
	Examiner Name	Hai V. TRAN
Total Number of Pages in This Submission	Attorney Docket Number	SEDN/247CIP1(19880-001620US)

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Patterson & Sheridan, LLP		
Signature	<i>E. J. Wall</i>		
Printed Name	Eamon J. Wall		
Date	1/12/06	Reg. No.	39,414

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature	<i>C. W. Moser</i>		
Typed or printed name	C. W. Moser	Date	1/12/06

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PAGE 2/13 * RCVD AT 1/12/2006 4:06:08 PM [Eastern Standard Time] * SVR:USPTO-EFAXF-631 * DNS:2738300 * CSID:17325309808 * DURATION (mm:ss):03:12

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875					Application or Docket Number 91538562	
CLAIMS AS FILED - PART I						
(Column 1)		(Column 2)		SMALL ENTITY		OR
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE	
BASIC FEE (37 CFR 1.18(a))					\$	
TOTAL CLAIMS (37 CFR 1.18(c))		minus 20 =		X \$		
INDEPENDENT CLAIMS (37 CFR 1.18(b))		minus 3 =		X \$		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))				+	\$	
				TOTAL		
<p>* If the difference in column 1 is less than zero, enter "0" in column 2.</p>						
CLAIMS AS AMENDED - PART II						
(Column 1)		(Column 2)		SMALL ENTITY		OR
3.21.05		(Column 3)		RATE	ADDITIONAL FEE	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
	Total (37 CFR 1.18(c))	26	26	X \$	25	
	Independent (37 CFR 1.18(b))	2	3	X \$	100	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))			+	\$	150
				TOTAL ADD'L FEE		
(Column 1)		(Column 2)		SMALL ENTITY		OR
1/12/06		(Column 3)		RATE	ADDITIONAL FEE	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
	Total (37 CFR 1.18(c))	26	26	X \$	25	
	Independent (37 CFR 1.18(b))	2	3	X \$	100	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))			+	\$	150
				TOTAL ADD'L FEE		
(Column 1)		(Column 2)		SMALL ENTITY		OR
(Column 3)		(Column 4)		RATE	ADDITIONAL FEE	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
	Total (37 CFR 1.18(c))			X \$		
	Independent (37 CFR 1.18(b))			X \$		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))			+	\$	
				TOTAL ADD'L FEE		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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